FILED 12.31.03 Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09091510 Effective October 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY (Column 1) (Column 2) TYPE [SMALL ENTITY TOTAL CLAIMS FEE RATE RATE FOR OR BASIC FEE NUMBER FILED 770.00 BASIC FEE NUMBER EXTRA 385.00 TOTAL CHARGEABLE CLAIMS 66 minus 69= XS 9= OR INDEPENDENT CLAIMS minus 6 = X43= X86≈ OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL CLAIMS AS AMENDED - PART II OTHER:THAN SMALL ENTITY SMALL ENTITY OR (Colum<u>n</u> St (Column 1) .aColemn 3r CLAUMS NOD! ADDI HEMAINING NUMBER FRESEUT TIONAL RATE TIONAL RATE **AFTER** PREVIOUSLY **EXTRA** AMENDMENT FEE PAID FOR Total Minus XS18= XS 9= OR Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT PREVIOUSE AMENOMENT AFTER EXTRA **AMENOMENT** PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
XS 9±		OH	** 20		
X43=		OR	X36-		
+145=		OR	360		•
TOTAL ADDIT FEE	·	OR.	TOTAL ADDIT FEE	4)

OR

+290=

+145=

TOTAL ADDIT FEE FEE

FEE

	(Column 1)		(Column 2)	(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	•	Minus	ea.	=		
Independent		Minus	***	= .		
AFTER AMENDMENT PREVIOUSLY PAID FOR Total Minus = Independent Minus = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						
	Independent	CLAIMS REMAINING AFTER AMENDMENT Total Independent	CLAIMS REMAINING AFTER AMENDMENT Total • Minus Independent • Minus	CLAIMS REMAINING AFTER AMENDMENT Total Independent CLAIMS REMAINING AFTER AMENDMENT Minus HIGHEST NUMBER PREVIOUSLY PAID FOR Minus		

RATE	AUDI- TIONAL: FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
_X43=		OR	X86=	
+145=		OR	+290≑	
TOTAL		OR	TOTAL ADDIT, FEE	·

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev 10:03)

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